

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Jaha Inman	Date of Request: 11-03-04
ID # 25 482 1 Date of Birth	
Nature of problem or request: I THES OF	the God Doc Pur That
Orached My Stickes needs	to be miles out and
my neck is huter bod.	T. WAAT to end Distor
. •	(Markenson
	Signature
DO NOT WRITE BELO	OW THIS LINE
	
Date: 1 / 1 / 0 / AM PM	BECENED
1	RECEIVED
Allergies: _/VC/#	Date: 1//3/04
	Time: 10 15 pm Receiving Nurse Intials
A)	
(8) ubjective: I have 5 me Stitch	that a land
	With reacture remains
Iwillo liketo have son	one of a the work to be all
Justilo like increase on t	
as in a second	aunneds. De
(A) (Q) bjective (V/S): T: LOT P: DO	R: 18 BP: 757 WT:
US (HANG HIGH Swollen 45) H	Then katord - language and
MVG of a acident Ma Pain un	and the base
1 M Of Willest Up face up	en Doubling
(A)ssessment:///	Ling Kladforman
We de congress, ch	Mentey of
V	1 Och aplough 375
	C/2 4-00
(P)lan: (P) for for form	Flexerel 10m
THE NE NEWLEN	
Refer to: MD/PA Mental Health Dental Dail	y Treatment Return to Clinic PRN
CIRCLE ON	
Check One: ROUTINE () EMERGENCY ()	
If Emergency was PHS supervisor notified:	Yes () No ()
Was MD/PA on call notified:	Yes () No ()
the second secon	Thinkform can read to the control cont
/ /n.	~ / Dx /
_ Dle	$(eO_{i}(T))$
	NATURE AND TITLE .
WHITE: INMATES MEDICAL FILE	
YELLOW: INMATE RETAINS COPY AFTER NURS	E INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Tohn Innan Date of Request: 10-39-04 ID # 25 9221 Date of Birth: Location: 3-/18 Nature of problem or request: 2 10 6 6 6 6 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7
DO NOT WRITE DELOW THIS LINE
Date: 10 / 21 / 24 / 24 Time: 525 M PM Allergies: 10 / 29 / 29 Time: 10 29 pm Receiving Nurse Intials 12
(S) ubjective: on thous I was in a CRI accident my finger is Hustry the vocator at the Hospital Recommand suggery blocks Myrock is Husting in between should interest blocks real bad
(O) bjective (V/S): T: 9x2 P: 2078 R: 20 BP: 10)78 WT: 1800 Go of pain when twisting nock to right are left in mate able to Bon 2 avoi awaste with out pain \$ signs of a cute Distress tinger on left hand wropped in ace wrape () o upon (A) ssessment: Pain when touch thousand had a troper
(A)ssessment: Patroke Asuch hovement vador to traje! Alotaration in contal? (P)lan: MCP REVOLW
· ·
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE Check One: ROUTINE() EMERGENCY() If Emergency was PHS supervisor notified: Yes() No()
Was MD/PA on call notified: Yes () No ()
Atta CA Lowerton cond SIGNATURE AND TITLE 11-101

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

	Signature RITE BELOW THIS LINE
-101 25/0 V	
1 - 1 - 1 V1 10 - 0 1 L1 1	
Date: (1) 128/09 Time: 530 AM PM Allergies: 1000	RECEIVED Date: 10/27/04 Time: 1/30 pm Receiving Nurse Intials
ΛΛ	
5)ubjective: My hannohow Pain + Ihave a	es are acting 1. X look Clock
O)bjective (V/S): $T: \bigcirc S / P$	D: 80 R: 18 BP: 96 WT:
O)bjective (V/S): T: 18 P Mal area Slightly) 20 rash not d'arou A)ssessment:	red. Everps noted areund,
A)ssessment: Con	<i>i n</i>
P)lan: HP to Reu	v cev
Refer to: MD/PA Mental Health I	Dental Daily Treatment Return to Clinic PRN CIRCLE ONE
* *	RGENCY ()
If Emergency was PHS supervise	or notified: Yes () No ()



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Inman Date of Request: 7-25-04
ID # 23 4821 Date of Birth: Docation: C-3 ged 96 Nature of problem or request: Though A Gal Skin Fungus Also need
Nature of problem or request: 7 have A GAS Skin (VOGUS AUSO noed)
to someone about my the Ments.
John duman
Signature
DO NOT WRITE BELOW THIS LINE
7 72
Date: 1 1000
Time:
Allergies: Date: 7.26-04 Time: 920 A
Receiving Nurse Intials A7
(S) ubjective: At 158 - LI DISK Ruptured about a year ago 12)
(3) abjective: 194 (1/25)
Colien Del
(O) bjective (V/S): T: 98 P: B R: B BP: 90/D WT: PHOX3 to sombabilite T Point Bandy und Small Rash Alat Trade to ? trule of Poody No deal district Total
124043 to some lite I Pourt Border , I small Rock Flat
trad to ? toute 14 parts was to outros
pour pour
(A)ssessment:
alterate Economit
Hydroconteure crear does not werly
HX Liver problems we mades take tyland
Hydrocontiere crea does not werled HX liver problems up roles take tylend (P)lan: rapsoysyn mediculus Request
Required Galleyin X one day
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE Check One: ROUTINE () EMERGENCY ()
If Emergency was PHS supervisor notified: Yes () No (
Was MD/PA on call notified: Yes () No ()
made a la mode st
- Way and Carly & WPCum X
SIGNATURE AND TITLE TAVOL
WHITE: INMATES MEDICAL FILE
YELLOW INMATERETAL COPY ARTED MIDER MITTALE DI MOT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

	Oglan Larrage
DO NOT WR	Signature RITE BELOW THIS LINE
Pate:/ ime: AM PM .llergies:	RECEIVED Date: 7.13.09 Time: 2.000 Receiving Nurse Intials Im
S)ubjective:	
O)bjective (V/S): T: P:	R: BP: WT:
NOS A)ssessment:	5 Moris
P)lan:	
Check One: ROUTINE () EMERO If Emergency was PHS supervisor	CIRCLE ONE GENCY ()
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Inman Date of Request: 6-16-04	
ID# 2-3 U/A Date of Birth: Location: 3 CEAL 19:37	
Nature of problem or request: Back Coffee & Back or Mark Fair Treed	
A Vottom War Profile	
SKIN FUNGIS	
Elden Streets	
Signature	
DO NOT WRITE BELOW THIS LINE	
= 10 10 fg(
Date Q / I'I DU Time: G:30 AM PM RECEIVED	
Time: C=30 AM PM Allergies: NVDA Date: 61/16/04 Time: 900 Time: 900	
Time: 9 00	
Receiving Nurse Intials J J	
(5) ubjective: Bad Cold / Knew Fair, Regust Button turn protile Rash to Back Committee	
(S)ubjective: Clar Dich Comment Commen	
turn brusile kash to Back Caminth ste	
78 18 18/2 170	
(O) bjective (V/S): T: $\frac{1}{1}$ P: $\frac{1}{1}$ R: $\frac{1}{1}$ BP: $\frac{1}{1}$ WT: $\frac{1}{1}$	
THE PORT OF THE COLOR SCHOOL SMALL FOR SUMP FOR A	
(O) bjective (V/S): T: 978 P: 78 R: /8 BP: 118/00 WT: /79 AtoxSo Congested State present. Wastedward Med	
(A)ssessment:	
al technique	
$A \cup A \cap C$	
(P)lan: Part Part Porfile	
MOREUR PROPART Bottom Bench Profile	
HCUCISH Socast tree Sisney Capsichal	
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN	
CIRCLE ONE Check One: ROUTINE () EMERGENCY ()	
If Emergency was PHS supervisor notified: Yes () No (-)	
Was MD/PA on call notified: Yes () No-(-)	

MALINIA DI SAMBANIXI	
SIGNATURE AND TITLE	
WHITE: INMATES MEDICAL FILE VIEW NUMBER INITIALS DECEMBER	



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: In MAN John Date of Request: 6- ID # 23 48 21 Date of Birth: Location: Nature of problem or request: My back pain as in Melled some helps	M 84 rereased
Signature DO NOT WRITE BELOW THIS LINE	
Date: 6 1 4 1 04 Time: 710 AMPM Allergies: NKA (S)ubjective: Packpair - Ruptured disc in back (2) Record review? HepC (O)bjective (V/S): T: P: P: R: 20 BP:	yrays.
atox3. Resp. reg = case. VS WNL NAD	WI: 100
(A)ssessment: alt. in comfort RT above (P)lan: See CRNP	
Refer to: MD/PA Mental Health Dental Daily Treatment CIRCLE ONE Check One: ROUTINE () EMERGENCY () If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No ()	to Clinic PRN JR., A (Juloy
SIGNATURE AND TITLE	•

INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



RELEASE OF RESPONSIBILITY

nmate's Name: Inman, John	<u> </u>		
Date of Birth:	Social Security No.:		
Date: 6-3-04	Time:	630	AM.
This is to certify that I,	Ohw Inman (Print Inmate's Name)		, currently in
custody at the	(Print Facility's Name)	, a	n refusing to
accept the following treatment/recommendation	ns: Sickcall beca	iuse Its	400
long await			
I acknowledge that I have been fully inform nvolved in refusing them. I hereby release and a personnel, Prison Health Services, Inc. and all me action/refusal and I personally assume all respo	agree to hold harmless the Gity/County/S dical personnel from all responsibility and	State, statutory authority, a	Il-correctional
(Signature of inmate)**	Love (Sie	Augus UN mature of Medical Person)	<u>/</u>
(Witness)		(Witness)	
*A refusal by the inmate to sign requires the sign	anature of at least one witness in addition	on to that of the medical s	taff member.



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Inmp	Date of Request: 6-2-04
ID # 254821 Date of Nature of problem for request: Sever	
need to be Soon.	2600 01 /340/30011
	The nk you
	Signature
DO NOT WRITE	E BELOW THIS LINE
Date://* Time: AM PM Allergies:	RECEIVED Date: Time: Receiving Nurse Intials
(S)ubjective:	
(O)bjective (V/S): <u>T: 963 P: 9</u>	76 R: Z 2) BP: 110/60, WT: 187
(A)ssessment:	
	•
(P)lan:	
·	CLE ONE
Check One: ROUTINE () EMERGEN If Emergency was PHS supervisor no Was MD/PA on call no	otified: Yes () No ()
	SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



RELEASE OF RESPONSIBILITY

Inmate's Name: INMAN,	John	
Date of Birth:	Social Security No:	
Date: 6-1-04	Time:	Q PM.
This is to certify that I,	John Inman (Print Inmate's Name)	, currently in
custody at the	(Print Facility's Name)	, am refusing to
accept the following treatment/recommend	dations: Sickeall because (Specify in De	rse I
feel better	•	
v.		
Lacknowledge that I have been fully in	nformed of and understand the above treatment(s	s)/recommendation(s) and the risks
involved in refusing them. I hereby release	and agree to hold harmless the City/County/State all medical personnel from all responsibility and any	, statutory authority, all correctional
A Signature of Infinate)	Journ St. (Signature	e of Medical Person)
(Witness)		(Witness)
**A refusal by the inmate to sign requires t	the signature of at least one witness in addition to	that of the medical staff member.



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

	/ston	-dam	
DO NOT WRI	TE BELOW THIS LINE	Signature	
Date:// Time: AM PM Allergies:	RECE Date: Time: Receiving Nur	EIVED se Intials	
(S)ubjective:		,	-
(O)bjective (V/S): T: P: (A)ssessment:	R:	BP:	WT:
(P)lan:			
Refer to: MD/PA Mental Health De	ntal Daily Treatment	Return to Clin	nic PRN

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Date/Time	Inmate's Name: Luman John D.O.B.:
1/10/05	Jo see M.D. Jor Fly Me
多等	wt 179 T-978 9-78 R-20 1250 96 112/28
	8- my neck is not any worse, but not better
Jedy fre	holds not Trawn;
Mandell	0- x Ray news focus on (-7: Exam unchaya)
The state of	AIP- x Ray labs done now, flu lw/ Susatural
1/85/05	To ACP re: Discuss upids. Signed Rollesse of Responsability
1220	for Hep C + lipids discussion 2 Kyon
1/25/05	States he wants to be reschudule will see
1230	mD for Hep C+ lipids - 2 thyon
2/1/05	7-76 R-18 Seecc notes of funo
1140	9-76 R-18 See cc notes offeno
113 t ± ± = : oc : :== ± = = = p ± ; + = ;	
Control of the Control of Control	



Date/Time	Inmate's Name: Junan John 234821 D.O.B.: 1 1
12/28/04	2000 Placedin mon for FWA in Am B/p 100/70
	Dulse 72 - Risp 20 - Ferry 985 - Smilliam for
	Return from Dr. Chungs office
	note reviewed.
	6/1023
	MP. Return to comp
	HOUNSIX made to eval cont Inchpany
	Micery
1/3/65	20 HCU re: 1/4 neck pain W183 T-977 B/p 122/88 P-76 R-18 obset 95%
	Hx mift bus @ puson - C7 widging on x-Rmy
	ELS EX. Flu West PAIN. (10 disconfort
	Shorp burning pow @ Rost Nak between
	shoulder. Dences Bones For is
	internettant. has work pelasse on buts per
	MARTE Sx Duration Varies.
	ELAN: UN Permarkobk
	A: Weck Juper Bock Phi
	P! Re order 100 No Port of the
	P! Re order reador Repet x-Rays was the
	No Party Lifting or straward Acti)
	Hishly



Date/Time	Inmate's Name: MMAN, John	D.O	.B.:
10,14.DU	Rec'a DCC/SHCU, VOI. 1 Of 1	W/wds3Mars	5-JNDONAUD
7/14/04	NO Show -		- Malla
11504	To see HCP: rev finger		///-
W9t 185	BP 110/80 T 98,4 F		Da Suti 97
<i></i>	5- my Senger Kuts i sx	does my neck.	Concl see the
	Freeworld Doc for		
	O-(c) 4th Singer, 200 = sukues		bruising noted.
	& Rom. Klays show text	Px- of the consult pe	nding. Neck =
	V Rom. Klays show text V Rom 200 to Steffness & pa	in, PDT tenduress,	spiralaua cuital
	Agron.		
	AIR W. II do ARays, ant thepr	il Instructed to 1 Pc	m = use of
, 	neck ; shoulders. Cont	Splint III opthog	nout. Safeur
	removed & ciff. ally. Clocis	Jos & Will approximed	ed edges
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COMMUNICATION CONTRACTOR AND	1 1 100 1 0 - 10		2 tuckop
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11/15/09	Kethy from f WA	280 018	() 0
W 101	77 160 / Z) ? · · · · · · · · · · · · · · · · · ·		U2 17
			· h
60111 (5/85)	Complete Both Sides Before I	Ising Another Sheet	



Date/Time	Inmate's Name: Toman, John	D.O.B.:
10-6-04 9:25pm	Rac. DCC/SHOU VOLIQIE	neds-ass-
10/28/04/2	W Returned from ER AAOX3 place	den mon B/p 128/18
	temp 979 - pulse 80 - Resp 20 _	Amillienely
10/29/04	Lypny in bed less clase;	skin w/o to touch.
3A	Situres to 2ndeget on left have	Lentard . 4 /0
1	do gan or descomfort v	our teg
10/29/04		2 64 67
WI 18		20 Sat 87
	Return from ER last PM	I to the Dus
	MVA D and chart & suit	1 ~ 1 %
	per pt. Shoulder is some. Di	cossing inplace 2nd finger
	AD Sociales	(, dop o ,)
	William X	Consider referral
ENERGY WARRY PRO MAN A STATE OF THE STATE OF		for chemo tout



Case 2:05-cv-00526-MHT-DBB-ARPMENT OF 2015 Page 17 of 32

TDANCEED	& DECEIVING	SCREENING FORM
I RAINNEEK	A KEL BIVING	AUKERINING PURIVI

HEALTH IRANSFI	ER & RECEIVI	NG SCKEENIN	GFURM
RECEIVED: Inmate/Health Record	RELEASED: Inmate/Healt	h Record	ALLERGIES: NKA
Institution: Date: Time: AM/PM RECEIVED FROM: Institution/Work Release Center/Free-World Hospital RECEIVING MEDICAL STATUS Population	Population Other	Segregation Mental Health	PHYSICAL EXAMINATION Date of last exam: 5/34/04 Chest X-Ray Date: Result: PPD Reading 5/31/04 Omm
Infirmary	RELEASE TO: DOC Infirms	ary Mental Health	Classification:
Isolation	Institution/Work Release C	enter/Free-World Hospital	
LAB RESULTS LAST REPORT Date Norma CBC Urinalysis ——————————————————————————————————		Wears Glasses/Contact Dental Prosthesis Hearing Aide Other Prosthesis	YES NO S T T T T T T T T T T T T T T T T T T T
Eupolar disorder	L HEALTH PROBLEMS OF	R COMPLAINTS	
CURRENT MEDICATION - DOSAGE AND FREQUEN Porcepus 150mg f.o. q hs Lithuin 300mg p.o. bid Melleril 50mg p.o. q Am + The hs x 90 d.	164 490d 490d 450mg p.o.	X-RAY FILM HEALTH RECORD Released to: Date: MEDICATIONS X-RAY FILM	Sent w / inmate
SCHEDULE FOR CHRONIC CARE CLINIC DATE: LAST CLINIC:		CHART REVIEWED Received by:	YES NO Receiving Nurse
FOLLOW-UP CARE NEEDED Date Medical Dental Mental Health	Time With Who	Date: <u>(6)</u> m Location (Sending Nu	and the second s
Signature of Nurse Completing Assessment (Sending Nurse) INMATE NAME (LAST FIRST, MIDDYE) M. M	Open Sores Lice Lice Receiving Mulbs Receiving Under Speesswein Skin Strain Open Sores Lice Receiving Mulbs R	ive I for LA	Sick Call Procedures Explained Height Weight Blood Pressure Temperature Pulse Resp Other DOB Race/Sex JEAC JEAC

NAPHCARE MEDICAL TRANSFER SUMMARY JAILS

(If sent without Medical Record, seal in an envelope and mark "Confidential Medical Information")

Inmate Name Inman John	Number
	lergies NKA
The state of the s	
Current Acute Medical Conditions:	*
Chronic Conditions: Anti-Sacial	
MEDICATIONS Inmate is currently taking (include over-the-counter	medications)
DRUGNAME DOSE/TIME/LAST DOSE DRU	GNAME DOSE/TIME/LAST-DOSE
They cal 10 m	
Dogrin	
Follow-up Care Needed: Nontal ReaCtZ	
Pending Referral(s) and Dates: None	Will all the state of the state
Physical Disabilities/Limitations: NONE	
Assistive Devices/Prosthetics: NAME	Glasses: Contacts:
Dietary-Restrictions: NJW+	
Mental Health History:	
Substance Abuser: Alcohol Y Drugs Y Hx Suicie	de Attempt: Date:
Previous Hospitalization Date:	.
	A 1 1
Hx Psychotropic Meds: 500 attached	sheet
Hx Psychotropic Meds: 500 attached	
Hx Psychotropic Meds: 500 of to check Date of Last Physical: 4.28.09 Food Handler Approval:	
Hx Psychotropic Meds: 500 attached Date of Last Physical: 4-28.04 Food Handler Approval: Date & Result Last PPD: 11-17.03 Rx Completed:	Yes X No
Hx Psychotropic Meds: 500 of to check Date of Last Physical: 4.28.09 Food Handler Approval:	Yes X No
Hx Psychotropic Meds: Food Handler Approval: Date & Result Last PPD:	Yes X No
Hx Psychotropic Meds: 500 of the check Date of Last Physical: 428.09 Food Handler Approval: Date & Result Last PPD: 11-1703 Rx Completed: Date & Result Last Chest X-ray: Date & Result Date & Date & Result Date & Result Date & Date	Yes X No
Hx Psychotropic Meds: 500 of the check Date of Last Physical: 428.09 Food Handler Approval: Date & Result Last PPD: 11-17.03 Rx Completed: Date & Result Last Chest X-ray: Date & Result Date & Date & Result Dat	Yes X No

MEDICATION ADMINIST. ATION RECORD

06/01/2005

STDT01

(FLY-453) FRANK LEE YOUTH CENTER

MEDICATIONS PIROXICAN (FELDENE) 20	YG CAP	HOUR	6 2 8 4 5	6 7 8 9	10 11 12 13	14 15 16 17	18 19 76 21	2 23 24 25	26 27 28
TAKE 1 CAPSILE(S) BY N PERSON		10					1 APM	Rec +	20
RX: 7301097 HCARTHUR	P.A., DONALD , PA	at					Mus	7/9/	11/
START - 05/11/2005 LINGTHERN (HUTRIN) 500	STOP - 07/09/2005					+++			arry
TAKE 1 TABLET(S) BY MG		=10A	1 2 3 1 5	8 7 8 9 	10 11 12 13	14 15 16 17	19 20 21 2 2 P 7 2 2	2 23 2/25	26 27 28
ON PERSONA RX: : 7417677 LASSITER	N.P.L.ITCA ND	100			7 0 07 TO		2 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
START - 05/18/2005	STOP - 06/16/2005	-01-							
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n Principal de Company († 1901). Carolina de Company († 1901).		George George							
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Service Control of the Control of th						100 No 100 No	o orth Cross Book (**)		
DICATIONS		HOUR ST	2 3 4 5 6	7 8 19 50		15 16 77 18	10 20 21 22	21212526	
ARTING FOR		'S ORDERS, ME HROUGH	DICATION NOTES,	AND INSTRUCTI 6/30/2005	ONS ON REVER	SE SIDE			
sician LASSITER, N.P., Physician	LISA		V	Teleph	ione No.			Medical F	Record No.
gies - M.F. KARIMY EFRIKI A	J Engl				lephone olitative		was in a real page of		
jnosis		Parameter and the second		Potent	ial			na n	
	dicare Number	Combiété	Evine) Checkeu						
ENT	and the second of the second o	By(Title	KN	Date	920
Hall Cort	er er i settigere itgerjoor in registigieve tiele fit.	1、17年6日4月1日20日	eros tresativo esestivo y		· · · · · · · · · · · · · · · · · · ·	PATIENT COD 234921	E ROOM	NO BED	FACILIT

MEDICATION ADMINIST. ATION RECORD

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MEDICATIONS:	HOUR 1 2 3 1 5 6 7 8 9 10 11 12 13	14 15 76 17 18 19 20 21 22 23 24 25 20 27 28 29
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YBOLL ON	6) Sm om	
15/05 - 1/5/05 Debugleofer (600 kg/bs)) 1 500 5/16 - 4/1/05	κόρ	
	2	14 15 15 17 18 9 20 21 22 23 24 25 18 27 28 19
	1 2 3 4 5 6 7 8 9 10 11 12 13	14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
	7 3 4 5 6 7 8 9 10 11 12 13 1	4 15 16 17 18 19 20 21 22 23 24 25 26 27 28 39
	7 2 3 4 5 6 7 8 9 19 11 12 13 1	4 15 16 17 18 19 20 21 22 23 24 25 26 27 28 25
	1 2 3 4 6 6 7 8 9 10 11 12 13 1.	4 15 10 17 18 19 20 21 22 23 24 25 28 27 28 29
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	1 2 3 4 5 6 7 6 9 10 11 12 13 14	
	4 3 3 7 6 7 8 9 10 11 12 13 14	15 16 17 16 19 20 21 22 23 24 25 26 27 28 23
MEDICATIONS	HOUF 1 2 2 4 5 6 7 8 9 10 11 12 13 14	15 16 17 18 19 20 21 22 23 24 25 26 27 28 22
CHARTING FOR	'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERS	SE SIDE
Physician WATTAW CANP	Telephone No.	Madical Record No
ergies.	Alt. Telephone Rehabilitative Potential	X3482
Diagnosis	Potential	
Medicald Number Medicare Number	Complete Entries Glecked	
PATIENT	IN UNCOME	Title Day A
INMED JOHN		PATIENT GODE: A ROOM NO. BEO TE DES

MEDICATION ADMINIST ATION RECORD

STDT01	
MEDICATIONS MATRIA GROWE ALL	HOUR 1 2 3 4 5 C 7 8 9 10 11 2 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 26 27
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4-6-02 - 2-c-02	Em Start Start Start
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Physician W. Louis	1400GH 4-31-65
Alt. Physician	Alt. Telephone Medical Record No
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Inman John	PATIENT GODE ROOMNO BED FACILITY OF COLUMN OF THE PACILITY OF COLUMN OF CO

MEDICATION ADMINIST ATION RECORD

03/01/2005

STDT01

(FLY-455) FRANK LEE YOUTH CENTER

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Alt. Physician	Telephone No. Alt, Telephone	Medical Record No.
YOUNG ALLEGY.	Reliabilitative Potential	
Diagnosis		
Medicare Number Medicare Number	Complete Engles Checked;	D. Mark
PATIENT		THEY COLE TROOM NOT BED FACILITY
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MEDICATION ADMINIST. ATION RECORD

(FLY-455) FRANK LEE YOUTH CENTER

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CHARTING FOR Physician LASSITER, H.	02/01/2005 P., LISA	THROUGH	02/28/2005 Telephone No.	Medical Record N	<u></u>
Alt: Physician			Alt. Telephone	Modigar (1860) (1	V O
'ergies			Renabilitative Potential:		
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Alt. Physician		Telephone No. Alt. Telephone	Médical Record No.
llergies N. K.A.		Rehabilitative - Potential	
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Wrig Inma	n, John	PATIENT CODE 234824	HOOM NO : BED FACILIT

MEDICATION ADMINIST. AT UN RECORD

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Diagnosis Medicaid Number Medicare Number	gombola tre		
Enman, John	Complete Entres Checksor By Alexan	PATIENT COL	Date: //3/0 DE: ROOM NO. BEEV FACILITY
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MEDICATION ADMINIS. AATION RECORD

(DRA-453) DRAPER CORRECTIONAL FAC.

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	EE, M.D. (MAM), SREE	35		$M \mathbb{Z}$			
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Diagnosis			erest en	Oterille	•- 10		
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CHARTING FOR 8 - 1-0 4	SE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE	
Alt. Physician Mc Gethur	Telephone No. Alt. Telephone	Medical Record No.
"ergles" NKOA	Rehabilitative Potențial	
Diagnosis Medicaid Number Medicare Number	Complete Entities Charked	
PATIENT 2	By Maron RJ Tille	Dak OL
erman, Jolen	PATIENT CODE 22 0 1	ROOM NO. BED FACILITY

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08/01/2004 STDT01

(DRA-453) DRAPER CORRECTIONAL FAC.

MEDICATIONS	HOUR	16 2 3 2 3 5 7 9 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 22 28 22
DOXEPIN (SINEGUAN ADAPIN) 150MG CAP TAKE 1 CAPSULE(S) BY MOUTH AT REDIIM	E UP	
RX: 5676596 MCGINN, N D (NHM PSY, J		
START - 05/29/2004 STOP - 08/26/2 LITHIUM CARROWATE 300MB CAR	004	1 2 3 4 5 6 7 3 9 10 11 12 13 14 15 16 17 12 13 17 21 21 21 21 21 21 22 23 24 25 25 27 27 27 27 27 27 27 27 27 27 27 27 27
TAKE I CAPSILE(S) BY MOUTH TWICE DAI	x COA	* 4
RX - 5696605 MCGINN, N.O. (NHM PSY, J		
START = 05/29/2004 STOP - 08/26/2 THIORIDAZINE (MELLARIL) 50MB TAB		
TAKE 1 TABLET(S) BY MOUTH TWICE DAIL MORNING AND AT BEDTINE	Y EVERY (OF)	
RX: 5696611 MCGINN, M.O. (NHM PSY, JA START - 05/29/2004 STOP - 05/24/20	ISEPH .	
SALSALATE (DISALCID) 750MB TAB		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 25
TAKE/1 TABLET(S) BY MOUTH TWICE DAILS NEEDED	" CEP!	
RX: 5727973 RIGHTMYER, H.F., JOE., A START - 06/05/2004 STDF - 08/03/20		
01-2701 NAOD SIN-500MG PO B	PGA	3 9 10 11 12 10 14 15 16 17 10 19 20 21 22 23 24 25 25 27 28 26
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	i	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 21
		2 3 4 5 6 7 6 2 10 15 12 13 14 13 16 17 18 19 20 21 22 23 24 25 23 27 28 2
MEDICATIONS	HOUR 3	
CHARTING FOR 08/01/2004	NURSE'S ORDERS, MEI	DICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE
Physician RIGHTMYER, N.P., JOE Alt: Physician		08/31/2004 Telephone No. Medical Record No
Vilergies: HO KNICKAY DRUG ALLERGY		Alt_Telephone Rehabilitative Potential
) Tagnosis		Potential
Nedicard Number Medicare Number	Complete	Enirias Cheogog
ATIENT	By: (PATIENT CODE PROOM NO BED FACILIT
INTIAN. JUNE		25482) 1 Au

MEDICATION ADMINISTRATION RECORD

STDT01

(DRA-453) DRAPER CORRECTIONAL FAC.

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RX: 5696605 MISTAN, M.D. (MAN PS		My M	MADY PA	MAPHALI	MAMA
START - 05/29/2004 STOP - 08/ THIORIDAZINE (MELLARIL) SOMG TAB				17 0 15 20 21 23 22 27	22 23 48 7 18 4
TAKE 1 TABLET(S) BY MOUTH TWICE MORNING AND AT BEDTIME	\widetilde{I}_{α}	A HILL HALL	A MOUNT OF	MORANALA	mille
RX: 5696611 MCGINN, M D (MMM PS START - 05/29/2004 STOP - 08/	26/2004				N6/11/20-4
SALSALATE (DISALCID) 750MG TAB TAKE I TABLET(S) BY MEUTH TWICE I			9 10 11 12 13 14 15	16 17 18 19 20 21 22 2	1 24 25 26 21 18 29 1/20/1/19 1/20
NEEDED RX 5727873 RIGHTMYER, N.P., JO START - 06/05/2004 STOP - 08/0		7 1 8 17,	WARNAY.	///////////////////////////////////////	
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DIRECTED RX: 5787205 MCARTHUR, P.A., DONE	Tin	Bury July	XXX		
START - 06/18/2004 STOP - 07/0)8/2004				
07/28/04 Naproxel_500mg			9 10 11 12 13 14 15	16 17 18 19 20 21 22 23	24 25 26 27 28 28
BIOX/OC '	1. P				XA
08/07/04 Dr. MCAN			9 10 11 12 13 14 15 Financial Residence	15 17 18 19 20 21 32 25	31 25 26 27 28 29
	Mark Street				
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MEDICATIONS	HOUR		9 10 11 12 (8 12 (6)	6 7 18 1G 20 21 22 23	
CHARTING FOR 07/01/2004	NURSE'S ORDERS, ME THROUGH	DICATION NOTES, AND INST	TRUCTIONS ON REVERSE SIL	DE	
Physician PCARTHUR, P. A., DOMALD Alt. Physician			Telephone No.		Medical Record No.
Ait, Physician Riu KNIKIN Drafts ALLERGY sigles		er gangha est Motor to ne toman dist	Alt Telephone Rehabilitative Potential		
Diagnosis			Potential		
Medicaid Number Medicare Number	Compa	e Enires Checkert - HCU LBU			(0/2>1
PATIENT. INMAN: JOHN	PBY	= 120 100	PATI	Title: ENT CODE ROOM NO 234821 1	Date: しんしん 8ED FACILITY

MEDICATION ADMINISTRATION RECORD STDT01 -MEDICATIONS 06/15/04 Motor N 600mg po TIP X31 OG/18/04 DMSAHLUPA Ob/17/04 naprosy 375 mg: Po. Bid X10 days 06/29/04 D. M. E. asthur 1/4 Do 06/19/04 Enter PSE & PO. BID x 5 days 06/22/04 D. MSarthurfa Do = 06/17/04 D.C. Cr. 170 apply. Bid X21 days KOP = 07/08/04 D. MSarthurfa Du MEDICATIONS CHARTING FOR 19 (0 Physician Alf. Physician Rehabilitative Diagnosis Medicaid Number IN MAN ROOM NO

MEDICATION ADMINIS. AATION RECORD

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STDT01 MEDICATIONS		IT	
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Then D.C. LiBrium)
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CHARTING FOR JUNE OF THE Physician	SOURCES, MEDICATION NOTES, AND HROUGH $\frac{30}{30}$	DINSTRUCTIONS ON REVERSE SIDE	
Ait. Physician McCom		Telephone No. Alt. Telephone	Medical Record No.
argres WKA		Renabilitative Potential	
Diagnosis		· OGTIGGE	
Medicaid Number Medicare Number	Complete Entries Checked		
PATERIT A / M / M	By FilmatAla		